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REGIONAL OFFICE FOR EUROPE

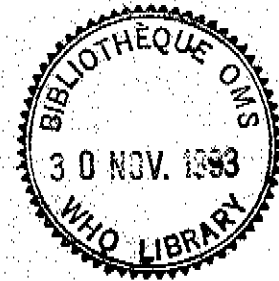
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## *NURSING LEADERS IN ACTION*

Report of the Third WHO Meeting of  
European Government Chief Nurses

Bucharest, Romania  
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1993

EUR/HFA TARGET 26

## TARGET 26

### HEALTH SERVICE POLICY

*By the year 2000, all Member States should have developed, and be implementing, policies that ensure universal access to health services of quality, based on primary care and supported by secondary and tertiary care.*

#### ABSTRACT

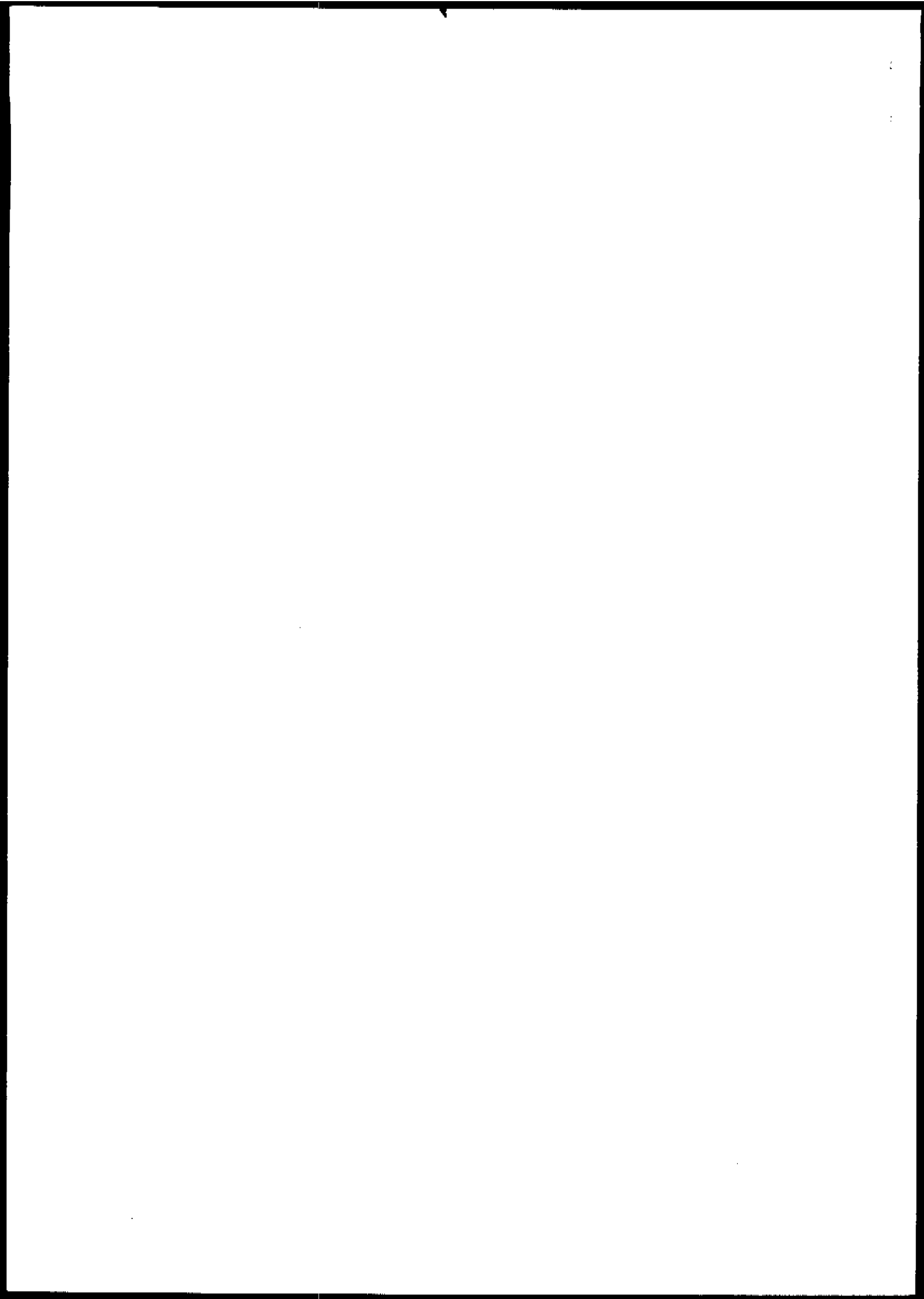
The development of strong leadership in nursing, midwifery and related professions is a key issue in Europe today. Without skilled and knowledgeable advocates at every level of the health care system, nurses and midwives will be unable to play a full part in the achievement of health for all. WHO has therefore established a network of chief nurses in ministries of health to exchange ideas and build skills, and organized a series of meetings for network members. The third such meeting focused on the process of formulating national action plans for nursing. This was tackled in an experiential way that also aimed to develop individual leadership skills in the course of the meeting itself – a successful mixture of technical input with personal and professional development. WHO agreed to continue to support countries with their national action plans for nursing, a strategic approach endorsed by all present as one that will make a long-term impact on health in the WHO European Region.

#### Keywords

MIDWIFERY  
NURSING  
NURSE ADMINISTRATORS  
HEALTH FOR ALL  
HEALTH SERVICES – trends  
HFA STRATEGY COORDINATION

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## INTRODUCTION

A 1989 World Health Assembly resolution (WHA42.27) urges Member States to:

encourage and support the appointment of nursing/midwifery personnel in senior leadership and management positions and to facilitate their participation in planning and implementing the country's health activities.

This focus on nursing leadership was also evident in the follow-up resolution (WHA45.5) adopted in 1992; it urges Member States "to strengthen managerial and leadership capabilities and reinforce the positions of nursing and midwifery personnel . . . at all levels of service, including central services of health ministries" and to "ensure that the contribution of nursing and midwifery is reflected in health policies".

Recognizing the vital importance of nursing leadership, the WHO Regional Office for Europe has organized several meetings of nurses and midwives in recent years. One of the most recent was a consultation involving nursing leaders from nine Member States and held in Copenhagen in April 1992. The participants recommended that the Nursing and Midwifery unit in the Regional Office continue to strengthen the network of nurses in senior positions in ministries of health, to facilitate both the exchange of ideas and information and the development of leadership skills.

The issue of nursing leadership is therefore a priority for the unit, and a major component of its Nursing in Action Project (see Annex 2). Nurses' contribution to policy-making in health and health care at all levels is underdeveloped. In addition, greater expertise is needed in formulating nursing policy in line with the goals of health for all and in response to rapid social and political change. The project aims to strengthen the contribution of nursing to health for all by pooling the expertise of nursing leaders in Europe, and working on the content and process of policy formation and on the development of leadership skills.

The Third Meeting of European Government Chief Nurses was convened to review the recent work of Member States and the Nursing and Midwifery unit, and to strengthen both WHO's relationship with new Member States and chief nurses' leadership skills.

In particular, its aims were:

- to help chief nurses to review and develop their national strategies and action plans for nursing;
- to reinforce and develop the leadership skills of chief nurses;
- to strengthen the network of European chief nurses working at the ministry or national level in every Member State;

- to enable chief nurses to share information on developments and trends in their countries and in the Region as a whole.

In addition, the participants wanted the Meeting to offer opportunities for collaboration, sharing knowledge and ideas for change, and exploring and testing new ideas.

The Meeting was held in Bucharest by invitation of the Government of Romania and with financial support from the Chief Nursing Officer, Department of Health, United Kingdom, and the Federazione Nazionale dei Collegi Infermieri Professionali ed Assistenti Sanitarie Vigliatrici d'Infanzia (Collegi IPASVI), Italy. Valuable assistance was given by the WHO Liaison Office, Bucharest and by many Romanian nurses. It was attended by 30 nurses and two doctors from 32 Member States, 4 Romanian observers and 5 WHO representatives. Owing to the flexible organization of the Meeting, a number of participants shared the task of chairing it; the Rapporteur was Ms J. Cooke. Lists of the working papers and participants of the Meeting are given in Annexes 1 and 3, respectively.

The Meeting was opened by Dr Cristian Havriliuc, the WHO Liaison Officer in Bucharest, who introduced Professor Dr Mircea Maiorescu, the Minister of Health of Romania. Ms Jane Salvage, Regional Adviser for Nursing and Midwifery, WHO Regional Office for Europe, presented greetings from Dr J.E. Asvall, the WHO Regional Director for Europe. Dr Firica, Director of Health Services, Bucharest, summarized nursing history in Romania and voiced his hopes for change. Finally, Ms Rosemary McCreery, Special Representative of the United Nations Children's Fund (UNICEF) in Romania, talked about the reform of nursing education and her belief that all countries could make such changes.

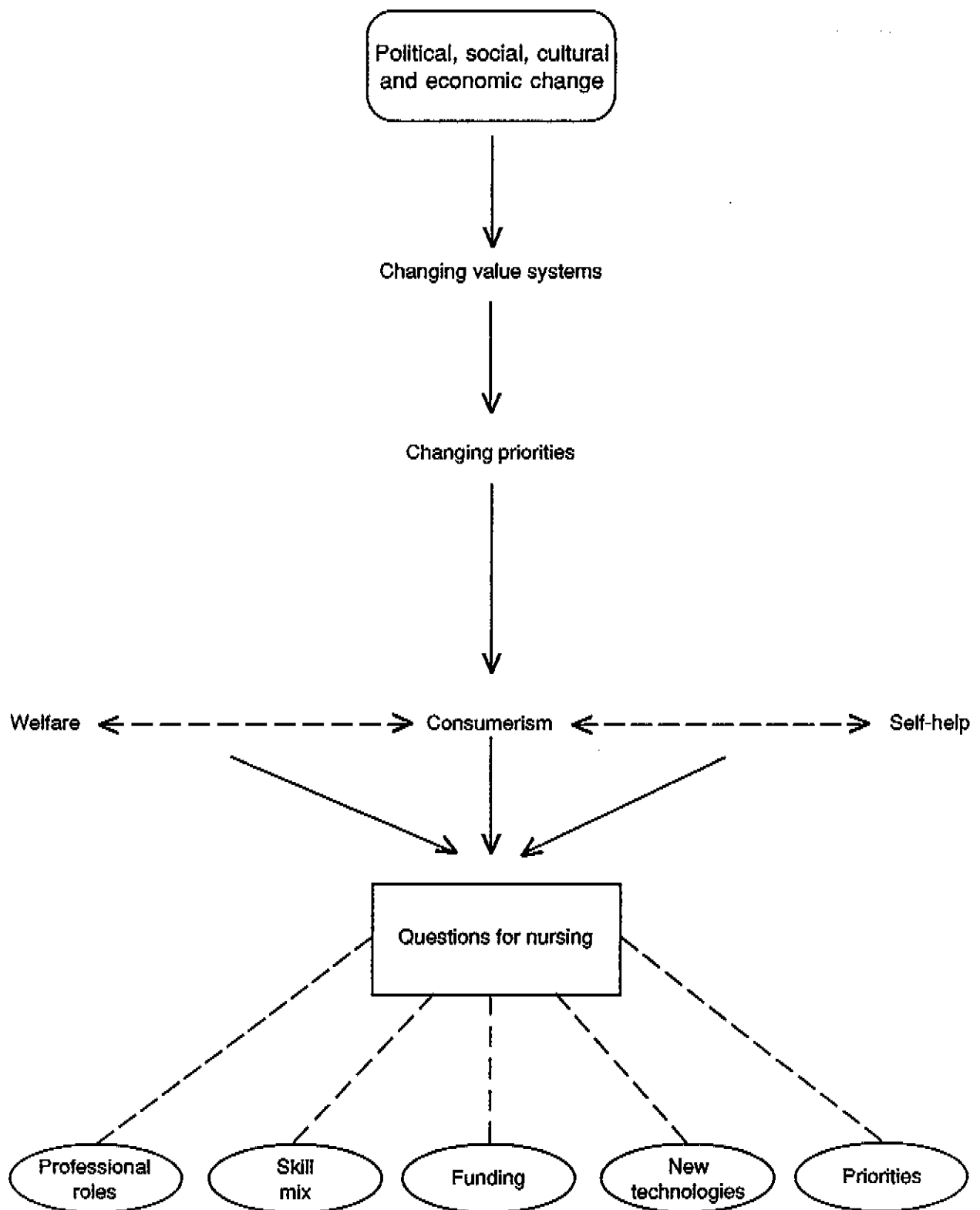
The participants did much of their work in small groups; at the close of the Meeting, they said that this created a supportive and safe environment in which they could share their experiences and difficulties, and learn. The participants forged close links with one another and were determined to continue their work together informally.

## SETTING THE SCENE

### **Trends in health care**

Developments in health care and nursing in the WHO European Region must be seen against the backdrop of the great diversity of countries and the degree of change that all the Member States are experiencing. For example, the number of Member States rose from 32 to 48 in only three years. The demand for health care is increasing and the gap in health status between the populations in the east and west of the Region is widening.

Fig. 1. Questions for nursing that arise in a changing world



New health problems are emerging, partly as a result of war and civil conflict, which bring greater public health demands as sanitation and basic hygiene fail. While needs are increasing, however, there is no commensurate increase in the resources available for health care. In fact, most countries' health care systems are being reviewed and reformed to ensure better value for money and/or efficiency. The growth of private health care is being encouraged. Fig. 1 attempts to describe this changing world, the shifting emphases and the questions that may arise for nurses and nursing.

Amid these changes, some issues nevertheless recur throughout the Region and have a strong influence on nursing development. First, doctors dominate health care systems at all levels. A mechanistic, medical model of care is commonly used and nurses are often unable to introduce a humanistic, holistic model of care.

The gender issue also recurs. Although most health care staff are women, men hold most key positions. Nursing, because it is seen as women's work, is viewed negatively and has low social status.

Power is the third common issue. Nurses lack power and formal status. They have limited experience and little formal training in leadership.

### **The role of WHO**

The 38 regional targets for health for all provide a framework for the work of the Regional Office for Europe. The targets call for: equity, health promotion, community participation, primary health care, multisectoral cooperation, and international cooperation. In addition, WHO emphasizes the importance of long-term development, as well as short-term aid. Education and long-term support programmes are priorities; they teach hungry people to fish (become self-sufficient) rather than simply giving them food for today.

The Nursing in Action Project has two themes: developing nursing practice and developing nursing leadership. The consultation for nursing leaders in Copenhagen was a planning event for the Bucharest Meeting; the participants at the former comprised a leadership and facilitation group for their colleagues at the latter.

### **COUNTRY REPORTS: SOME COMMON THEMES**

Each participant gave a brief report to a small group on the current issues in nursing in his or her country. After each presentation, the group discussed the key themes that were emerging. The participants found that conditions in countries overlap in many areas:

- education

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- professionalization, focus and status of nursing
  - relationship with doctors
  - recruitment difficulties
  - information.

### **Education**

All countries are involved to some degree in reviewing their nursing education programmes. Programmes are being revised, reformed and transferred to higher education. Teachers' needs are crucial, particularly where nurses are replacing doctors in key teaching positions.

The demand for postbasic and continuing education is increasing, with research skills and leadership training as focus areas. In addition, there are problems in translating the theory taught in schools into nursing practice.

### **Professionalization, focus and status of nursing**

Nurses are moving towards greater professionalization. Nursing associations are growing stronger. Nurses are recognizing the need to be accountable for their practice and realizing that the quality of their skills – rather than the quantity or number of nurses available – is paramount.

The role of the nurse is evolving in response to changing health needs and new perceptions of how to achieve better health outcomes. The participants reported a shift towards primary health care and health education and away from acute, hospital-based care. In addition, the value of individualized patient care is being recognized and standards for practice are being identified. Quality assurance techniques are becoming more widely used.

In addition, the participants reported that nurses' status in society is rising, but recognition at the ministerial level is limited. In a growing number of countries, nurses are represented in policy-making.

### **Relationship with doctors**

All the participants reported a strained relationship between nurses and doctors in their countries, with most doctors having limited respect for the value of nursing. Nurses are working for a partnership with medicine, but doctors are often unwilling to regard nurses as colleagues rather than assistants.

### **Recruitment difficulties**

Many countries have shortages of nurses. Two major reasons were identified: a lack of motivation for school-leavers to undertake nurse training, and the social difficulties

resulting from poor salaries and shortage of accommodation near training schools. The wastage of qualified nurses is very high in many areas.

### Information

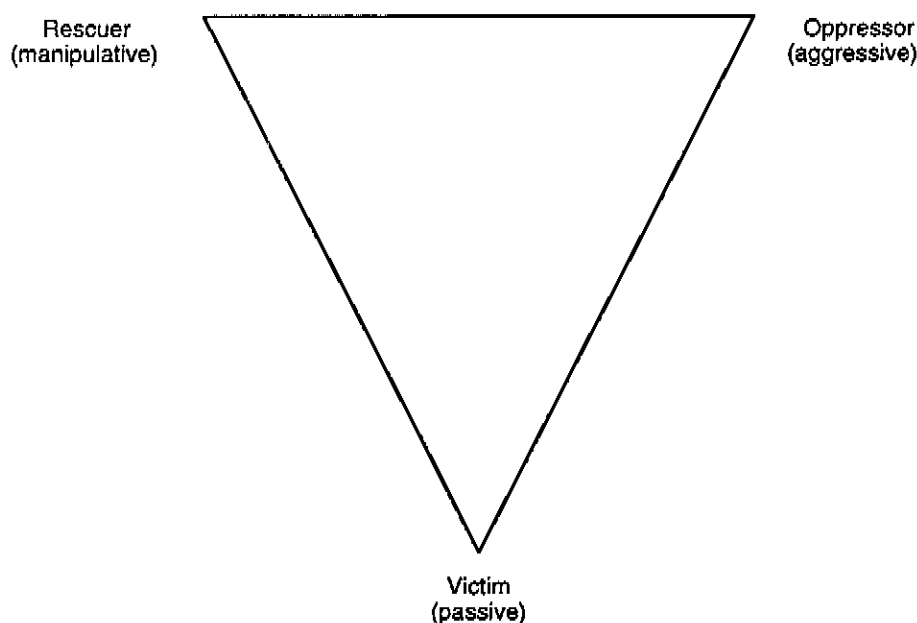
Countries lack accurate data on nursing within and outside their borders, which makes workforce planning very difficult. International networks are a valuable means of disseminating information.

## DEVELOPING LEADERSHIP

Two ways of leading were discussed: leading as a person and leading from a role. Leading as a person involves the use of "personal power", which is not limited; anyone in any position can lead. Leading from a role involves the use of "positional power", which is defined by the limits of the role and can therefore entail stress and anxiety. Personal power can greatly enhance positional power.

Stress and anxiety in a leader can appear in many forms, and result in unproductive attitudes or behaviour patterns. The nurse leaders at the Meeting were encouraged to be aware of the danger, and therefore to avoid adopting the roles that created destructive outlets for stress (Fig. 2).

Fig. 2. Three negative roles resulting from stress



## Leadership skills

The participants were given the following 10 tips on development as nurse leaders.

1. **Recognize your potential.** Many factors contribute to a successful career, but you are the most important. Many nurses achieve far less than they could, not because they do not want to become leaders but because they do not believe they are capable of it.

To act on this tip, write down your personal and professional ambitions. Review them from time to time and, each time you review them, celebrate your successes and set a new goal. In addition, remind yourself daily that you are as good as any, and second to none.

2. **Develop a vision.** Let your dreams and thoughts range beyond your current situation. Ask yourself the following questions. Where do I want to be? Who's there now? How did they get there? What can I learn from them?

To act on this tip, identify one person whom you think is influential in nursing (in practice, education, or management) and consider his or her career. What range of jobs has he or she had? What were the turning points in his or her career? What makes him or her successful?

Imagine yourself in alternative settings or jobs, for example, as your boss or even the health minister. Think through the complexity of this job and how the person in the job now does it. Imagine how you could do it better.

3. **Take and make opportunities.** Always have an eye out for opportunities. You have to look for, identify, and sometimes create them.

Be ready to take advantage of opportunity whenever it arises; keep abreast of current issues that have direct or indirect effects on your job. Continue your education; it broadens your horizons. There are now more opportunities to combine study with your job or bringing up a family, and scholarships and sponsorships that will help with the costs. Be prepared to take risks; you probably have more to gain than to lose.

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To act on this tip, read Schon & Zimmerman's book on the experience of nurse leaders,<sup>a</sup> and make a note of educational programmes that interest you, and find out the details.

**4. Find and use a mentor.** A mentor is an experienced and trusted adviser. Look around for someone who is able in his or her field and interested in you, and actively seek help. Your mentor does not have to be another nurse, but should be someone you respect, admire and trust. Do not be afraid to ask for your mentor's help; most people are not only willing but flattered to be asked.

Value your mentor's advice: challenge or reject it, but listen to it and think about it. Use your mentor as a sounding board for your ideas, a companion in exploring various scenarios and a source of opportunities.

To act on this tip, identify at least one person whom you will approach to be your mentor.

**5. Identify your strengths.** Recognize your weaknesses and do not fear them; work at overcoming them. Recognize your strengths, and value, use and develop them. A wise and trusted mentor can be of enormous value in this task; ask your mentor for help and allow him or her to be honest with you.

To act on this tip, make a list of your strengths, and check that you are using them to the best effect. In addition, make a list of areas in which you need to develop, and identify what you can do in each and who might help.

**6. Celebrate your achievements.** You can easily forget what you have achieved, so keep a list of your achievements, small as well as large, and update it at least quarterly. Look at this list regularly (at least twice a year) with another person – such as your

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<sup>a</sup> Schon, T & Zimmerman, A. *Making choices, taking chances: nurse leaders tell their stories*. St Louis, MO, C.V. Mosby, 1988.

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mentor – and pick out your successes. You will build up a pattern of successes that will give you confidence and insight in yourself and your performance.

To act on this tip, list your achievements as they happen.

**7. *Develop a support network.*** Life at (and on the way to) the top can be lonely and stressful. Establish a support network of peers, friends, family – people whom you trust and with whom you can share ideas and fears. They can help you to identify successes and deal with failures, and act as a sounding board for ideas.

To act on this tip, keep a list of people whom you can contact when you need support.

**8. *Make mistakes and learn from them.*** Everyone sometimes fails. This is no bad thing as long as you use failure as a learning experience.

Successful people are not afraid to fail. They have the ability to accept their failures and carry on, knowing that failure is a natural consequence of trying. People only really fail when they stop trying.

Nevertheless, failing hurts. Use your support network to help you recover, regain your confidence and self-esteem, and analyse what went wrong and how to learn from it.

To act on this tip, think of a recent failure and analyse it. Draw out the reasons for the failure, then address them one by one.

**9. *Learn to manage stress.*** Stress does not necessarily produce distress. The right level of stress creates the energy that enables you to perform well, but too much stress inhibits performance.

Recognize the early signs in yourself of too much stress and respond quickly to the warning. Become aware of the stress that particularly affects you. Recognize tiredness. Learn to relax. Include time off for yourself in your timetable.

To act on this tip, list your stresses, how you react and how you plan to cope in future.

**10. Take action.** Start now, by writing down your action plan.

Fig. 3 shows the key skills required of an effective nurse leader, and their close links to the 10 tips.

Leaders can rarely use all these skills all the time. Their performance will always fall short of the ideal; as Fig. 4 shows, people can fill the gap between reality and the ideal with behaviour that can damage their own or others' work as leaders. To develop ourselves and others as leaders, we should attempt to narrow the gap with support and education, rather than adopt negative responses.

The participants worked in small groups to determine the skills that they shared and those that they lacked in their styles of leadership. They also determined the action they might take to develop their key skills.

### VISIONS OF NURSING

Everyone needs a vision towards which to strive. The participants worked in small groups to delineate their visions for nursing, both within their own countries and on the international level. In the presentations that followed, the visions described shared five common themes: community-based practice, education, research, self-actualization and regulation.

Nurses want to move their practice towards community-based care. Clients, as opposed to patients, will form an equal partnership with the nurse; he or she will care for them and their families in a holistic manner. The nurse should be involved from birth to death, offering options for care to clients.

Fig. 3. The key attributes of an effective nurse leader

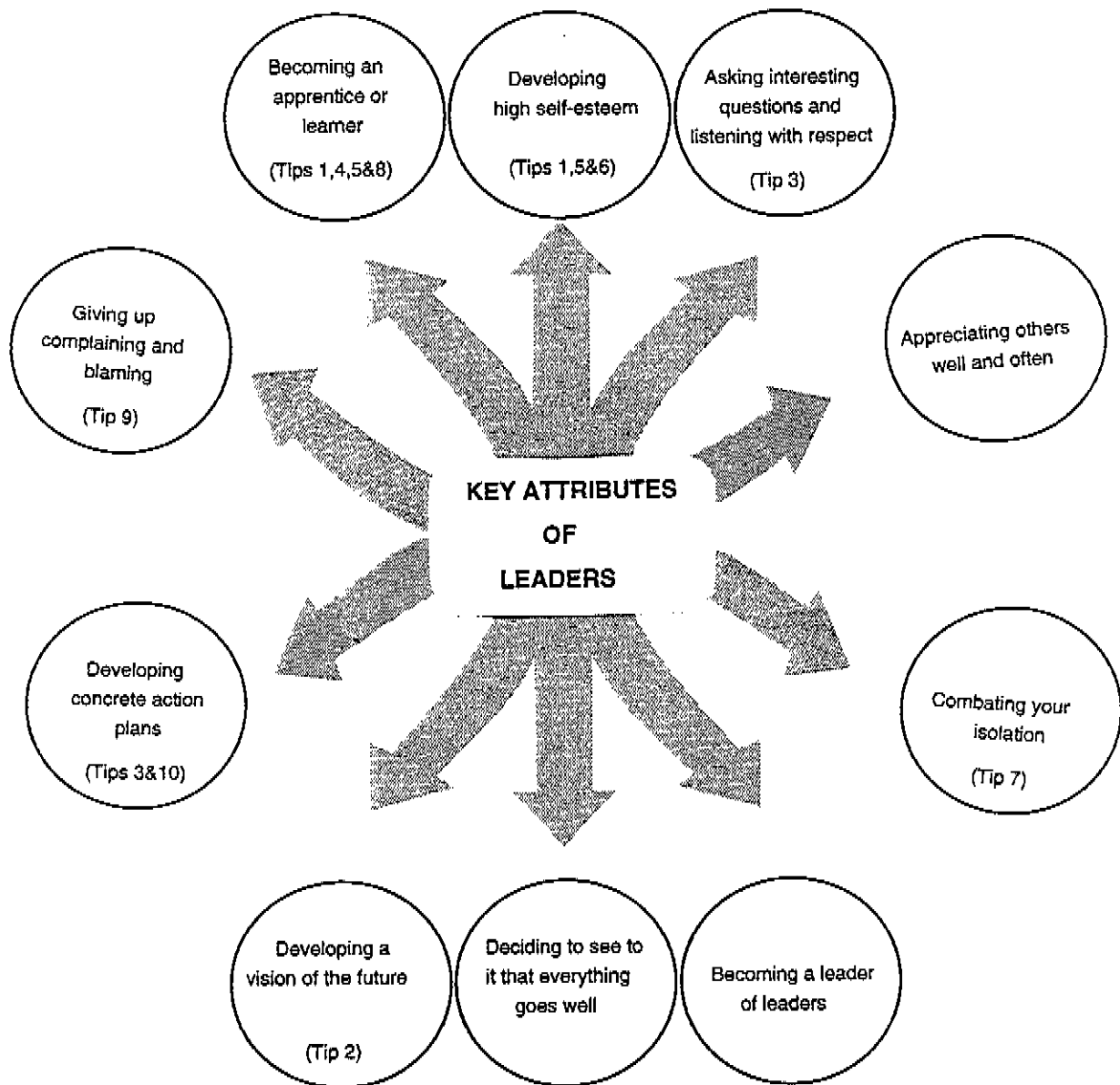
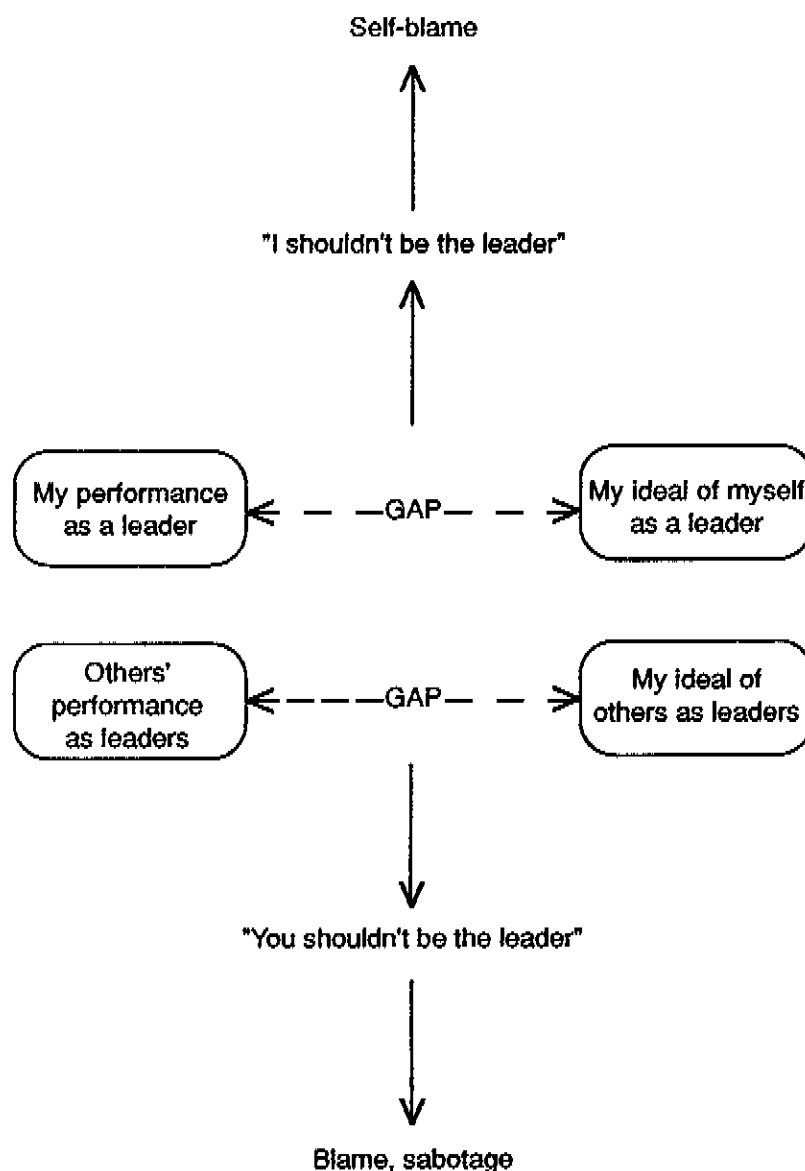


Fig. 4. Filling the performance gap with harmful behaviour



Education programmes should focus on primary health care. They should be based on a model of nursing care, such as that of Henderson,<sup>a</sup> and be extended into the higher educational setting.

Research should lead practice. Knowledge for practising nurses should be rapidly updated and care should be documented for audit purposes.

<sup>a</sup> Henderson, V. *Basic principles of nursing care*. Geneva, International Council of Nurses, 1977.

The nurse should realize her potential in her work. She should have high self-esteem; this will lead to strong motivation and a better quality of care. In turn, such an increase in quality will enhance the nurse's contribution to health for all.

Finally, nurses need an updated, clear regulatory framework within which to work. They should have both official recognition through a registration system and control over the standards to be achieved by a registered nurse.

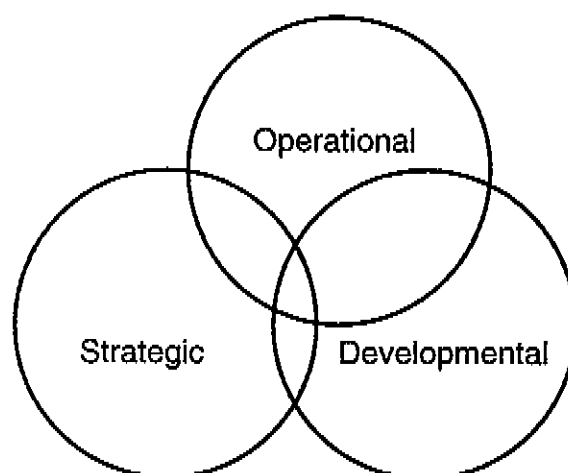
### NATIONAL ACTION PLANS

Nursing leaders need a strategic approach at national level to ensure that the nursing service develops most effectively, and in line with both the country's health goals and the vision of nursing. In times of great change and uncertainty, national action plans for nursing ensure that positive action continues (Annex 2). The plans:

- give a clear direction to nursing
- enable leaders to canvass support
- translate policy into action
- allow for coordinated action
- make nursing visible.

Such plans could include a profile of the current status of nursing and midwifery in the country as background information, a vision of nursing, priorities for action and the activities to be undertaken, mechanisms for evaluation and review, and a list of contact people from whom further information could be obtained.

The plans link the three overlapping modes of work needed for success in any organization: the strategic, the operational and the developmental (Fig. 5).



National action plans are both strategic and operational; in the operational mode, the action required on priorities is taken. The plans must also include the developmental mode, however, because they must be continually reviewed and modified. These three modes need to be closely linked to facilitate change.

Further, the creation of a national action plan is a process with a number of stages. They include building the team who will design the plan, creating the plan (first draft), wide consultation on the draft plan, and then revising, completing and implementing the final version.

The participants formed small groups in which to discuss the current state of action plans in their countries. Several needs were identified that WHO might help to meet. The Regional Office for Europe could:

- give individual help to nurse leaders in developing action plans, gaining ministerial support and evaluating the plans;
- supply examples and make comparisons of national plans; and
- offer more detailed information on the process of developing a national action plan, and a training package for the people involved.

### RECOMMENDATIONS

1. The Nursing and Midwifery unit in the WHO Regional Office for Europe should continue to focus on national action plans and leadership in nursing.
2. WHO should hold a fourth meeting for government chief nurses in 1994. It should be a milestone meeting, offering participants a chance to evaluate their progress on national action plans, and to ensure that they continue their focus on strategy.
3. Meetings of smaller groups of nurse leaders should continue; these could be set up on a geographical basis and should take advantages of opportunities for networking to maintain contact and provide support.
4. Nurse leaders should use national action plans and detailed country profiles when making presentations to their countries' delegates to the World Health Assembly, in an attempt to mobilize the governments to implement change.

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*Annex 1*WORKING PAPERS AND BACKGROUND MATERIAL<sup>a</sup>*Working papers*

- ICP/HRH 301/A/6 Country reports on the current state of nursing
- ICP/HRH 301/A/7 From vision to action: national strategic planning for nursing, by Jane Salvage

*Background material*

- EUR/ICP/HSR 347 Nursing Leaders in Action: Second Meeting of Chief Nurses, WHO Nursing Collaborating Centres and Nursing Organizations of Europe. Debrecen, Hungary, 15 – 17 October 1991. Report of a WHO meeting.
- EUR/ICP/HRH 301 Select Nursing Leaders (Copenhagen, Denmark, 24 – 25 April 1992). Report on a WHO consultation

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<sup>a</sup> Copies can be obtained from the Nursing and Midwifery unit, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark.

*Annex 2***NURSING AND MIDWIFERY UNIT: SUMMARY OF ACTIVITIES,  
1992 – 1993**

Nurses and midwives are the largest occupational group working in the European Region's health services. They therefore exert a huge influence, for good or ill, on health development – an influence increasingly acknowledged by WHO Member States. All agree that the nurse's role should be strengthened and expanded to provide the best possible outcomes for patients and populations, and that the countries of central and eastern Europe in particular should pay special attention to this challenge.

Every part of the nursing infrastructure needs to be improved – leadership, education, practice development and institution building – if the nurse is to become an equal member of the health care team, with a role in health promotion and disease prevention, as well as traditional care. Without tackling these underlying problems, significant improvements in the nursing contribution to particular fields, such as primary health care or maternal and child health, will not be possible. The Nursing and Midwifery unit of the WHO Regional Office for Europe is addressing this huge challenge in two ways: through the Nursing in Action Project and country activities.

**THE NURSING IN ACTION PROJECT**

This intercountry initiative has two components: leadership and practice.

**Development of nursing leadership**

National leaders of nursing from all parts of the European Region are sharing ideas on how to develop national action plans for nursing in their countries, and how to improve their planning and leadership skills. The action plans are intended to provide clear priorities for nursing development, and are closely linked to overall national policies for health and health care development. Further, the network of nurse leaders created by this work allows the exchange of ideas and the development of bilateral projects.

**Development of nursing practice**

This initiative focuses on the establishment, management and evaluation of nursing development projects in communities and hospitals. Clinical nursing leaders are being trained in project management. Successful projects – those that lead to a measurable improvement in health outcome – are being studied to build models of good practice that can be disseminated throughout the Region. Programmes to train trainers and to

develop good educational materials are being undertaken in order to improve standards of practice.

### COUNTRY PROGRAMMES

The national action plans for nursing under development provide the framework for the Nursing and Midwifery unit's collaboration with countries. These joint programmes focus on the major priorities for nursing described by the countries of central and eastern Europe: the reform of basic nursing education and the development of management, leadership and models of good practice.

Joint activities are already proceeding in many countries but the unit's strongest links are with Romania and the Russian Federation, where nursing reforms are under way. Proposals have been developed for work programmes in the former republics of the USSR in central Asia, Albania, Hungary, Israel, Lithuania, Slovenia and Turkey.

### THE UNIT'S STRENGTHS

The Nursing and Midwifery unit offers a range of information, expertise and networks unequalled by any other national or international organization.

1. The unit has an information base on nursing and midwifery in Europe, including profiles of selected countries.
2. The unit provides a conceptual framework and materials for the development of nursing in Europe. Booklets on the nurse's role and functions, the reorientation of nursing to focus on primary health care, and other topics have been distributed throughout the Region and translated into the vernacular languages of a number of countries. In countries in the central, eastern and southern parts of the Region, these booklets are used as the starting point for nursing reform.
3. The unit has built extensive and active networks of nurses. These include the only network of government-level nurses in all Member States, and the only pan-European forum for nurse leaders in government, professional associations and intergovernmental and nongovernmental organizations.
4. The unit's regular and widespread contact with countries indicates achievement in nursing and identifies potential sites for development, pilot or model projects. This helps to ensure the optimal use of donors' money and expertise.
5. There are eight WHO collaborating centres for nursing and midwifery, based in Denmark, Finland, France, Italy, Kazakhstan, Slovenia and the United Kingdom. Others are being developed in Hungary, Israel, Romania and the Russian Federation. Special efforts are being made to establish collaborating centres in the countries of

central and eastern Europe. The centres provide field-based expertise, contribute to nursing development in countries, and stimulate many international and bilateral activities.

6. A register of consultants is kept on the unit's computer database – the only one of its kind in nursing. It enables the immediate identification of international experts, giving information on their areas of expertise, language skills, competence and experience.

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